

General Registration/Liability 2024/2025 Form

General Registration 2024/2025

Name (Required): _____

Birthdate (Required): _____

Address (Required):

Street: _____

Address Line 2: _____

City, State, Zip: _____

Phone (Required): (_____) - _____

Email (Required): _____

Emergency Contact Name (Required): _____

Emergency Contact Number (Required): _____

Please read the waiver below and sign with your signature, printed name, and date.

I assume all risks and hazards incidental to participation in the Rindge Recreation Department programs, including transportation to and from activities, and I do hereby waive, release, and hold harmless the said Town, its volunteers, staff, and all sponsors for any claim arising out of injury to myself or property damage that might occur during the participation. If applicable, I am aware of the hazards of the activities/sports and the risk of injury in these programs.

In case of emergency I hereby give my permission to the program staff, to act as my agent, to apply simple first aid as needed, or in the event of a more serious accident, to transport the registered participant to an emergency medical facility to receive emergency medical treatment. I also authorize the hospital to undertake examination and emergency treatment if warranted.

Signature (Required): _____

Printed Name (Required): _____

Date (Required): _____